

APPLICATION FOR A NEW STUDY ABROAD PROGRAM

Name of Person Submitting this Application:

Date:

Title:

E-mail address:

Campus Address:

Campus Phone:

DIRECTIONS

- Fill out this form completely and print it. Please do not staple form, use a paperclip only.
 - Obtain the necessary signatures as indicated on the signature page.
Please list all faculty-led courses to be offered as part of this program and also submit New Course Proposal forms as needed. For a program offering a variety of courses, please provide supporting materials, such as an academic catalogue and syllabi.)
 - Send proposal and attachments to the Dean of Academic Departments and Programs, S&E Center, S-100, Attn: Carol Cichy and to the Director of International Programs, Old Chapel—Third Floor, Attn: Donna Sichak
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Program Information

I. Location of Program and Field(s) of Study

Title and Focus/Field(s) of Study of Proposed Study Abroad Program:

Will it be a Mini-Term?

Full Term?

Brief Description of the Program: (please use back of this sheet if necessary)

Location(s) of new program:

Program and/or Department Affiliation(s):

Please explain your rationale for choosing the proposed location(s). In which ways is the focus of the program appropriate to the site chosen, and how do you expect the location(s) to influence your teaching and student learning?

II. Purpose of Program

Briefly describe how the proposed program fits academic goals of providing international experiences for students?

How does this program differ, complement, or enhance the current offerings of International Programs?

Please explain specifically how this program fits into Union College's Strategic Plan?

III. Course Information

Briefly describe the courses, which will be available to students. Will they be chosen from a catalogue of scheduled courses at the partner institution, or will they be faculty-led, or a combination of the two?

Course(s) to Be Offered:

Title(s) and Number of all proposed course(s): *(Please list all faculty-led courses to be offered as part of this program and also submit New Course Proposal forms as needed.*

For a program offering a variety of courses, please provide supporting materials, such as an academic catalogue and syllabi.)

Will the course(s) fulfill any major or degree requirements? Yes No
(If yes, specify):

Suggested departments and programs for cross-listing course(s)*:

Course(s) Pre-Requisites:

* If any of the proposed courses is to carry course credit for any Interdisciplinary Studies Program, please obtain the signature from the appropriate Interdisciplinary Studies Program director and the Director of Interdisciplinary Programs in the Required Signatures section at the end of this document.

COURSE CONSIDERATIONS:

Language, Intercultural Development, and Learning Outcomes:

Please indicate how the program will provide language and intercultural development opportunities.

How will the program foster discipline-specific and/ or interdisciplinary learning outcomes appropriate to the curriculum, site, and program goals?

Student Learning and Development:

What is the program's educational purpose for fostering student learning and development?

What sort of opportunities will this program offer that encourage student development (e.g., leadership skills, service orientation, maturity, tolerance for ambiguity, growth in cultural awareness)?

What opportunities for reflection will be offered to the students before, during, and after the experience?

IV. Faculty Director and Leader(s)

Faculty Leader(s) Information:

Who will serve as faculty director or point person for this program?

Name: _____ Title: _____

Department: _____ Email Address: _____

Campus Address: _____ Campus Phone: _____

Have you ever planned or worked with an educational program abroad? If yes, in what capacity?

Will the Program be Faculty-Led? Yes No
(If no, who will direct and oversee the program?)

Faculty Member Listed Above

Other:

Name: _____ Title: _____
Department: _____ Email Address: _____
Campus Address: _____ Campus Phone: _____

Will the Program Require a Second Faculty Leader? Yes No
(If yes, who will that Faculty member be?)

Name: _____ Title: _____
Department: _____ Email Address: _____
Campus Address: _____ Campus Phone: _____

Please list an alternate faculty member to lead program if you or the second faculty leader were suddenly unable to teach course and include a statement from this person that they are willing to take on this responsibility in the event that the designated person is no longer able to fulfill his/her duties:

Name: _____ Title: _____
Department: _____ Email Address: _____
Campus Address: _____ Campus Phone: _____

V. Program Affiliations

Will the Program have a University and/or Institute Affiliation abroad?

Yes No (If yes, please give name and contact information of affiliation:)

Name of Affiliation: _____

Address: _____

Contact Person: _____ Title: _____

Email Address: _____ Phone: _____

Who are the coordinators you are working with at the site abroad? Please list their names and contacts and the length of time you have been working with them. Please describe their background and what makes them qualified to serve as the coordinator of this proposed program abroad? *(Please use back of this sheet if necessary)*

Do other study abroad programs from other institutions apart from Union already exist at the proposed site or city? If yes, please list them.

Would it possible for your proposed program to collaborate and share resources with these other programs? Explain.

VI. Scheduling

Proposed Program Term: _____

Fall Term

Winter Term

Winter Break

Spring Term

Summer

How often would this program be offered?

only once

every year

every other year

When will this program first be offered?

VII. Program Specifics

Has Union College run a program in this city and/or country in the past?

Are there any Union programs already existing in or near the city in which the proposed program is located? If yes, please list them:

Are there any Union programs with a similar focus or in a similar field of study offered in a different location? If yes, please list them:

Will on-site visits be required to support the program? Please explain.

Does the site abroad already provide housing and support services, including medical facilities? If yes, please describe them. If no, please describe how they would be provided for if your program were to be approved. Please include these costs in the estimated budget you are attaching to this proposal.

Please attach an estimated budget for this program? Please use template: *(existing template)* (Required)

Please specify any additional support services you would require from the International Programs office?

Since the primary mission of the International Programs Office is to increase the number of Union students going overseas, please attach a rationale and supporting data that demonstrate that Union students will study on the proposed program. Please include statistical data from surveys, questionnaires, reports, etc.

I have read the list of *Departmental Responsibilities in Initiating and Maintaining New Programs Abroad*. I have discussed the project with my department. We are supportive of this initiative and agree to help promote and maintain the program for at least two years at which time the program will be reviewed both by the International Programs Office and our department.

Required Signatures

Program Proposed by: _____ Dept. _____

Program Name/Location: _____

Signature of Faculty Member submitting the proposal

Date

Your signature below indicates your endorsement of this Program Proposal.

Departmental Support

Endorsement of Department Chair

Department Chair (please print) _____

Signature of Department Chair

Date

If applicable, **Endorsement of Interdisciplinary Studies:** *Endorsed* *Not endorsed*

Interdisciplinary Studies Program Director (please print):

Signature of Interdisciplinary Studies Program Director

Date

Director of Interdisciplinary Studies Program(s) (please print):

Signature of Interdisciplinary Studies Program Director

Date

College Support

Endorsement of Dean of Academic Programs: *Endorsed* *Not endorsed*

Dean (please print) _____

Signature of Dean

Date

Academic Affairs Council Support

Review of the Academic Affairs Council:

Recommended for endorsement

Not recommended for endorsement

List stipulations and comments, if any:

Chair of AAC (please print) _____

Signature of Representative

Date

Director of International Programs Support

Endorsement of International Programs Director: *Endorsed* *Not endorsed*

Program years:

List stipulations, if any:

Director of International Programs (please print) _____

Signature of International Programs Director

Date
